


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90081 004 ***150.00

DOCUMENT # L28702 1. Entity Name RAHN'S INDUSTRIAL ELECTRONICS, INC.			
Principal Place of Business 5400-7 VERNA BLVD JACKSONVILLE FL 32205		Mailing Address P.O. BOX 6584 JACKSONVILLE FL 32236	
2. Principal Place of Business 4754 ROYAL AVE.		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE FL		City & State	
Zip 32205		Country USA	
4. FEI Number 59-2990919		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHN, WAYNE C. 2045 LIBERTY ST JACKSONVILLE FL 32206		7. Name and Address of New Registered Agent Name RAHN, WAYNE C. Street Address (P.O. Box Number is Not Acceptable) 4754 ROYAL AVE City JACKSONVILLE FL Zip Code 32205	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHN, WAYNE C. 2045 LIBERTY ST JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHN, WAYNE C. 4754 ROYAL AVE JACKSONVILLE FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RAHN, WAYNE C. 2045 LIBERTY ST JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RAHN, WAYNE C. 4754 ROYAL AVE JACKSONVILLE FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne C Rahn **WAYNE C RAHN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 904-786-9229
Date Daytime Phone #